



## Kentucky Board of Nursing

[www.kbn.ky.gov](http://www.kbn.ky.gov)

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### Probation/Parole Report

Participant Name: \_\_\_\_\_

License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

- ☐ KARE for Nurses Program  
☐ Probation

Officer's Name: \_\_\_\_\_

Evaluation for the month(s) of \_\_\_\_\_

Nurse has appeared at all required report times? Yes ☐ No ☐

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nurse is complying with all requirements of Probation/Parole? Yes ☐ No ☐

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Drug screens have all been negative? Yes ☐ No ☐

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Officer**

\_\_\_\_\_  
**Date**

Address: \_\_\_\_\_

\_\_\_\_\_

Phone No: \_\_\_\_\_